



PART B - FEE(S) TRANSMITTAL

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7590 09/13/2005

B. Noel Kivlin
Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.
P.O. Box 398
Austin, TX 78767-0398

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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B. Noel Kivlin	(Depositor's name)
(Signature)	
11-17-05	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/976,491	10/12/2001	Michael C. Dorsey	2070.006600	3415

TITLE OF INVENTION: ASIC BIST EMPLOYING STORED INDICATIONS OF COMPLETION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/13/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
TRIMMINGS, JOHN P		2133	714-733000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Meyertons Hood Kivlin Kowert & Goetzel, P.C. 1 _____ 2 _____ B. Noel Kivlin 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY) 11/22/2005 SDENBOB2 00000061 501505 09976491

Sun Microsystems, Inc.

Santa Clara, CA

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505 / 5681-55400 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 11-17-05

Typed or printed name B. Noel Kivlin

Registration No. PTO # 33,929

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